



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Business Compliance Division  
**BWP HW 28M Permit Application**  
For Obtaining Additional VID Cards for Licensed Hazardous Waste Transporters

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



## A. Preparer/Contact Information

1. First Name of Preparer/Contact			2. Last Name Preparer/Contact		
3. Company Name					
4. Street Address/PO Box Line 1					
5. Street Address/PO Box Line 2					
6. City/Town		7. State		8. Zip Code (nine digit)	
9. Telephone Number		10. Ext.	11. Fax Number		12. E-mail Address
13. EPA ID Number			14. Tax Identification Number (TIN)		
15. MA Hazardous Waste Transporter License Number					

## B. VID Information

1. ☐ add new vehicle ☐ update registration ☐ lost card ☐ vehicle no longer in service

VID #	Year	Make	Model	Color	Capacity
					<input type="checkbox"/> owner/operator
Old VID #	VIN #	Registration	State		<input type="checkbox"/> leased

2. ☐ add new vehicle ☐ update registration ☐ lost card ☐ vehicle no longer in service

VID #	Year	Make	Model	Color	Capacity
					<input type="checkbox"/> owner/operator
Old VID #	VIN #	Registration	State		<input type="checkbox"/> leased

3. ☐ add new vehicle ☐ update registration ☐ lost card ☐ vehicle no longer in service

VID #	Year	Make	Model	Color	Capacity
					<input type="checkbox"/> owner/operator
Old VID #	VIN #	Registration	State		<input type="checkbox"/> leased

☐ eDEP online filers: check here if you have additional vehicles to enter.

If you are submitting paper copies, please make additional copies of this page as needed.

4. ☐ add new vehicle ☐ update registration ☐ lost card ☐ vehicle no longer in service

VID #	Year	Make	Model	Color	Capacity
					<input type="checkbox"/> owner/operator
Old VID #	VIN #	Registration	State		<input type="checkbox"/> leased



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**C. Comments and Mailing Instructions**

1. State reason(s) the VID card cannot be returned:

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2. Provide new card mailing instructions:

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**D. Certification**

“I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and, based on my inquiry of those individuals immediately responsible for obtaining the information, that I believe the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.”

a. Print Name

b. Authorized Signature

c. Position/Title

d. Date